



Date received \_\_\_\_\_

## King County

### Animal Care and Control

21615 64<sup>th</sup> Avenue South

Kent, WA 98032

**206.296.PETS** Fax 206.205.8043 TTY Relay: 711

Please select the shelter where you  
will be volunteering:

**Kent** \_\_\_\_\_

**Bellevue (Crossroads)** \_\_\_\_\_

#### Office use only

Date	Action
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## VOLUNTEER APPLICATION - King County Animal Care and Control

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Age:** ☐ 10-15 MUST VOLUNTEER WITH PARENT OR LEGAL GUARDIAN (*PARENT/GUARDIAN MUST ALSO BECOME A VOLUNTEER*)

☐ 16-17 MUST HAVE SIGNED PERMISSION FROM PARENT OR LEGAL GUARDIAN

☐ 18 or older

**E-mail:** \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Are you volunteering for court ordered community service? \_\_\_\_\_

Have you been convicted of a crime that involved an animal: \_\_\_\_\_

### Please check the volunteer activity you are interested in.

Checking all may delay the process.

☐ Cat Cuddling

☐ Dog Walking/Exercising

☐ Foster Care

☐ Meet & Greet (Kent only)

(18 or older or with parent/legal guardian)

☐ Off-site Cat Care (identify a location)

(18 or older)

☐ Early Morning Dog Crew (Kent only)

\_\_\_ Kent (Reber Ranch) \_\_\_ Bellevue (Petco)

(18 or older or with parent/legal guardian)

\_\_\_ Federal Way (PetSmart)

### VOLUNTEER INFORMATION

Please list any training, experience, or education in animal care and welfare, including your own pets: \_\_\_\_\_

Please list any volunteer experience you have: \_\_\_\_\_

List any other skills (animal or non-animal related): \_\_\_\_\_

What do you hope to gain from your volunteer experience with us? \_\_\_\_\_

Volunteer reference: \_\_\_\_\_  
(Name) (Agency) (Phone)

Thank you for applying to volunteer with KCACC. In signing this application, I understand and agree:

- To attend all required training and to abide by the KCACC Volunteer Program policies and procedures (provided at orientation);
- To follow written and oral directives from KCACC staff;
- That I can be terminated from the volunteer program at any time;
- To give KCACC permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program or the organization;
- To a 6-month commitment of the minimum hours required for the volunteer activity I select;
- To show a copy of my Washington State Driver's license or identification to verify age, if requested; and,
- **That if I am under 16, I must have a parent or guardian who is an approved KCACC volunteer in attendance while volunteering.**

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of Volunteer if 18 years or older	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of parent or guardian if volunteer is younger than 18 years old	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date

### INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

King County, charter county government under the constitution of the State of Washington, hereinafter referred to as "the County," maintains an Animal Services section through the authority of the County Executive. In the regular course of providing Animal Control services in King County, the Section utilizes volunteers in many animal related activities.

I, (Print Name) \_\_\_\_\_ wish to be a volunteer with KCACC. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury and/or bodily injury, including death. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees and agents from any liability or claim of liability which might arise out of my volunteer activities.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of Volunteer if 18 years or older	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of parent or guardian if volunteer is younger than 18 years old	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Volunteer or the Parent/Legal Guardian of the Minor Volunteer, I, (Print Name) \_\_\_\_\_ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of Volunteer if 18 years or older	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of parent or guardian if volunteer is younger than 18 years old	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date

### PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 18 YEARS OLD)

As Parent/Legal Guardian I, (Print Name) \_\_\_\_\_ hereby grant my permission for the above-named minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release and forever discharge the County, its officers, officials, employees and agents from any liability or claim of liability arising out of the Minor Volunteer's activities.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of Volunteer if 18 years or older	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature of parent or guardian if volunteer is younger than 18 years old	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date